

OBSERVATIONS

ON

DISEASED STATES OF THE PLACENTA

AS INFLUENCING THE

PROCESS OF PARTURITION.

By JOHN BREMNER,

SURGEON.

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*(From the Edin. Med. and Surg. Journal, No. 180.)*

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EDINBURGH:

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MDCCCXLIX.



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## OBSERVATIONS.

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It is well known that the placenta, notwithstanding the ephemeral nature of its existence, is liable to become the seat of disease of various descriptions, to such extent as more or less to destroy its organization, and consequently to unfit it for the proper accomplishment of its peculiar function. This holds not less true, although it may not be possible to determine with accuracy, in every instance, whether the morbid state has originated in that connecting medium betwixt mother and child, the texture of the uterus, or the foetus itself.

In scrutinizing the different modern works respecting intelligence on this subject, it will be found that the information to be derived is both scanty and undigested in its nature,—having reference chiefly to the kind which tends to render difficult its separation from the uterine *parietes*, without in any degree assisting in the exposition of their true character. The only exception to the statement here given, so far as I am aware, is to be met with in the Edinburgh Medical and Surgical Journal for April 1836, being the contents of a paper read by Dr Simpson, the present Professor of Midwifery in that University, before the Royal Medical Society, 20th November 1835, in which is contained, in a concise form, a much more ample and correct history of the diseases of this organ than had previously been published. The morbid conditions treated of by Dr Simpson in that paper, are those of placental congestion and inflammation,—affections which he deems probable may arise from a variety of causes, and believes to prove destructive beyond most others to foetal life.

But whilst these states of the placental mass have thus been ably investigated and detailed by this gentleman, with the assistance derived from the labours of others, but slight attention has been directed to the influence which they seem capable of exerting over the natural progress of labour,—or, in other words, to the degree of resistance which they oppose to regular and efficient uterine action, in the absence of all other well-marked causes of like tendency.

Although I had, since the commencement of my professional career, from time to time met with cases of the description about to be related, the space of five years has not elapsed since that of a *primapara* occurred, where, in the absence of every particular source of interruption perceptible, the accouchement was of the most obstinate and tedious kind. This forms the subject of Case 5 of the present selection, where an ample detail of its history, together with an enumeration of the reasons which co-operated in leading me to the conclusion already intimated, is to be found. I have never heard or read of any similar opinions on the subject.

In a small treatise recently published, chiefly upon venesection and opium in obstetric practice,\* a few cases of this description have been inserted for the purpose of illustrating other topics; and in a note appended to p. 92 of that work, a more ample history is promised to be rendered in a separate form.

The sketch, as now presented, contains a list of the leading phenomena relative to this peculiar disease, which I have attempted to collect and illustrate in as brief space as possible, since my removal from the sphere of practice where they were witnessed. It is chiefly compiled from reports of the cases taken at the bedside during the progress of the several accouchements treated of,—a plan which the anomalous nature of most of these first suggested when I had little else to engage my attention, without any view to publication; and also, where doubt existed, from inquiries made at a few of the patients of very recent date.

Before proceeding farther, it remains to be mentioned, that the illustrations refer to those conditions only in which there is an exemption from all unnatural adhesions betwixt the uterus and placenta, but where upon expulsion the latter is found to have its organization more or less destroyed; and in many instances emitting an effluvium of an offensive nature,—reserving till towards the concluding part of the discussion what observations or suggestions may arise out of their history or from any other source.

As the difficulties which had to be contended with in the

\* Hints on Obstetric Practice, with Illustrations, by John Bremner, Surgeon, Newtyle. Part i. Edinburgh, 1819.



greater number of the labours yielded to the prompt exhibition of venesection and opium, agreeably to the systematic plan laid down in the work referred to, it has here been found necessary considerably to abridge the treatment by means of these remedies, referring those who may feel interested to the tract mentioned in the previous page, for a detailed account of the properties they possess, and the laws which ought to regulate their administration.

*Case 1.*—On the afternoon of 19th December 1837, when passing I was requested to visit Mrs C., who was in labour for the first time, and had been attended by a midwife for the space of twenty-four hours. Upon farther inquiry, it was ascertained that she had been five years married, and that her age, which she seemed unwilling to disclose, was upwards of 40.

Upon examination, the *os uteri* was found dilated to about the compass of a farthing, and so attenuated as to be with some difficulty distinguished from the membranous sac. The patient was a good deal inclined to shivering, with rapid and feeble pulse; pains from the commencement having been extremely trifling and irregular; and she being then unfit for venesection, an enema, containing about four grains opium in solution, was ordered. I then left her, and returned at 7 o'clock, when but slight alteration was found either on the dilatation or state of the pains; and also no inclination to sleep. Opiate enema desired to be repeated, after which I went homeward for the night; having instructed the midwife to attend to the bowels, and also to re-administer the opium as circumstances might demand.

Upon my arrival the following day about noon, the account received was, that she had enjoyed several hours of tranquillity after the second dose of the opium, but about 4 A. M. of 20th the pains had arisen again to such height without effecting any favourable impression, as to render necessary the exhibition of a cathartic enema, followed by a third repetition of the opium, which had the effect of restoring quiet and some desire for sleep, till a short time prior to my visit, with a total exemption from headach, &c. No change upon the *os uteri*. Pulse feeling fuller and slightly excited; from six to eight ounces of blood was taken from the arm, and a fourth repetition of the opium during the afternoon, in consequence of which I learned, upon my return about 2 P. M. of 21st, that she had passed a very comfortable night. Upon examination, dilatation of *os uteri* had advanced to the circumference of a halfpenny, but was again at a stand. Directed opium to be repeated in a larger dose, the effect of which only lasted till about 7 o'clock, by which period very perceptible enlargement of the orifice had taken place.

About this time, believing that the strength of the pains,

which was now much augmented, would soon exhaust my patient without the smallest prospect of a favourable termination to the delivery, no alternative remained but to repeat the opium once more in a dose considerably increased. This had the effect of throwing her into a profound sleep for several hours, without inducing headach or any unpleasant affection. After this the progress of the labour became regular through the night; the intervals betwixt the pains being passed in sleep. At 8 A. M. of 22d, the head being fully descended into the pelvis, the pains also having declined greatly in number and efficiency, as well as the strength of my patient, the forceps was applied, and in about an hour and a half the delivery of a daughter was effected, with the face directed towards the *os pubis*; a circumstance I had not before detected.

In the record of this very lingering and notable case, which was taken down during the progress of the labour, no mention is made of particular delicacy on the part of the child; whilst upon the removal of the placenta, which required the introduction of the hand, appearances of disease had begun to manifest themselves, but of which I possess not now a perfect recollection. The health of the mother had been extremely delicate for some time prior to confinement, and she was much reduced in point of appearance as well as strength. After this event she recovered rapidly, and, with the child, did well.

*Case 2.*—I was called, on the evening of the 23d March 1836, to visit Mrs M'K., about five miles distant, who had already given birth to several children, with comparatively easy deliveries; and on the present occasion had been attended by her former midwife for twenty-four hours, who had bled her and administered a cathartic and two opiate enemata, on account of fruitless fatiguing pains, with which the patient was much distressed. Finding, however, that the labour made no progress, and that she could not, upon examination, reach the *os uteri*, she, with the approbation of the husband, deemed it proper that farther assistance should be called.

About 10 o'clock, when I reached the house, examination into the state of the labour soon convinced me of the truth of the report given by the midwife; and had it not been for the reliance placed upon the early performance of venesection, and the succour so afforded by the exhibition of the opium, the case appeared such as from which I would with cheerfulness have pleaded leave of absence, seeing that little other prospect appeared, should the patient's strength begin to give way, than to terminate the process, if possible, by turning, or reduce it to the third class. It was resolved, however, to make some farther effort before having recourse to any of these expedients.



Having in possession only an undetermined quantity of muriate of morphia, a single grain, as nearly as could be calculated, was instantly administered as enema, with the view to subdue the spasmodic action which still from time to time continued to annoy the patient. In doing this it partly succeeded, but without effecting any favourable change on the *os uteri*, which could only with difficulty be reached, or procuring rest.

Matters being in this situation at the expiry of an hour, a repetition of the dose was ventured upon, by means of which a total cessation of pains, as also a state of sleep, was soon after induced, such as I had not before witnessed in obstetric practice. The patient lay extended on her back, with her mouth widely opened, and snorting for the space of several hours like a person labouring under the most profound apoplectic stupor.

About 4 A.M. of 24th she began to awake, and for a short time the pains continued moderate, recurring at intervals of several minutes. By and by they became a scene of violent unintermitting conflict, compelling the patient to scream aloud. Upon examination, the change effected upon the parts was so great, that the birth of a son was safely completed about 5. Although in all respects lively, still he was considerably under the average size, and several livid patches were discernible upon his body. He soon after birth became uneasy and mournful, was seized with convulsions, and died at the expiry of forty-eight hours.

The placenta upon removal was in a corrupted state, giving out a very offensive odour. The mother had a good recovery, and, during two successive accouchements, got through in her former easy manner,—the children in both cases lively and thriving.

In course of time she became pregnant once more, and was seized with labour pains on 26th September 1841, being attended by a young practitioner who had a short time previous settled in the district. Finding that, at the expiry of twenty-four hours, the process had not in good earnest commenced, I was requested to visit her on the evening of the 27th. Upon reaching the house the account received was that she had enjoyed a very tranquil day, being only occasionally disturbed by slight unavailing uterine efforts, for the improvement of which few remedies had been employed.

Upon examination, the *os uteri* was found to a certain extent dilated, and free from thickening or tenderness of its edges. Under these circumstances, opium, in the form of enema, was administered as before, when she slept soundly during the night. With the approach of morning labour commenced in earnest, and was completed by the natural efforts a little before 3 P.M. of the 28th,—the patient requiring, for the proper regulation of the pains

and support of her strength, at least two repetitions of the opium ; and likewise a draught or two of infusion of spurred rye.

During the day it was discovered that several discharges of meconium had taken place, leading to the belief that the life of the child was extinct. The case, however, proved to be otherwise ; but the infant was extremely delicate, and scarcely survived the period of the former,—the placenta being found to present the exact resemblance of the other.

Upon revisiting this patient, on the second or third day after delivery, it was easy to perceive, by means of the shrunk, pale appearance of the features, in connection with the accelerated state of the pulse and heat of surface, that disease somewhere existed, and was making rapid inroads on the system ; and which, from the similarity the symptoms bore to certain former cases met with, taking also into consideration the state of the placenta, could be traced to no other organ so likely as the uterus, although nothing satisfactory could be elicited after careful examination. The symptoms of irritative fever continued to advance and increase, and, after a short time, a severe pulmonic affection commenced, in consequence of which respiration was performed with much difficulty, attended with distressing cough and expectoration, which speedily reduced the patient's strength, and terminated her existence in little more than three weeks from the period of her confinement.

*Sectio Cadaveris.*—Upon making the section of the abdomen, and dividing the parietes of the uterus, its mucous membrane, more especially the seat of the placental attachment, presented a roughish black appearance, seemingly as if in a great measure abraded, but without any points of ulceration on its surface, or thickening of substance.

With reference to the state of the pulse observed in Mrs M.K.'s case, I beg to say that the circumstance is one of very considerable importance, and derives no small confirmation from a quotation given by the late Dr Hamilton, from Dr Clarke of London, in his " Select Cases of Midwifery," published in 1795, p. 35, viz. " That where the pulse continues quick above twenty-four hours after delivery, all is not well." I did not meet with Dr Hamilton's work, however, till two years after the occurrence of this.

Although not in the order of time, it is considered most proper here to relate the history of the following cases.

*Case 3.*—Mrs T., aged about 40, who had already given birth to several children, expected to be confined in May 1845. I had been called in on account of the lingering nature of her first labour, and, although not present at the delivery, was afterwards



informed by the midwife that the child was still-born, and the placenta a mass of disease. I likewise attended her in two subsequent confinements, and, in the one preceding that about to be related, was obliged to deliver by embryulcia, on account of the arm presenting along with the head. In all these cases, the condition of the placenta was the same; the lives of the children seemed uniformly extinct before delivery took place.

Being thus aware of the peculiar temperament of this individual, I had agreed to attend her from the commencement of the labour in question. Calling to inquire after her on the 22d instant, and finding the pulse moderately excited and wiry, I took from her arm eight or ten ounces of blood, which, upon cooling, was, to a certain extent, sisy, with a rather loose coagulum. She stated the period of her accouchement as being quite at hand, and I accordingly received a call to visit her on the succeeding day, viz. the 23d, in the afternoon.

I found, upon my arrival, that, although the pains had been rather frequent and strong, the *os uteri* could not as yet be reached; on which account, five grains of opium in solution were exhibited by the rectum, which procured sleep during the greater part of the night. I left her early in the morning, and, having received no intimation, returned on the evening of the 24th, when I learned that she had remained comparatively quiet till four P. M., a recurrence of pains having then taken place without effecting any change on the *os uteri*. Nine P. M., opiate enema repeated with an effect similar to the former.

I remained till four A. M. of the 25th, when no change on the *os uteri* could be detected, although the discharge from the orifice, which had been present from the commencement, left no room for doubt, that a disunion of its edges had occurred. Upon my return, about two P. M., I found she had enjoyed ease till towards mid-day. The *os uteri* could now be reached, dilated to the size of a farthing; edges thick, but flabby, and void of tenderness on pressure.

From this period, the labour advanced progressively, but slowly, requiring one or two additional exhibitions of the opium to regulate the pains and sustain the strength, till five A. M. of the 26th, when the birth of a daughter naturally took place, in which the powers of life were extremely languid; but, by recourse to active measures for upwards of an hour, became ultimately restored, and, together with the mother, did well. The state of the placenta, upon removal, the same as usual.

She once more became pregnant, and was seized with the precursory symptoms of labour about midnight of December 13th, 1847. I saw her at one P. M. of the 14th, and found her much

in the same situation as on the preceding occasion, save that there was an entire absence of arterial excitement, and she considered she had undergone a greater reduction in her strength than before.

In relating the particulars of this case, suffice it to say, that a plan, very similar to that of the foregoing, was adopted, so that, by six o'clock p. m., the head had descended into the pelvis, without wholly filling up the hollow of the sacrum, but could not, by any means, be made to advance farther. Being provided only with the short forceps, they were attempted to be fixed; but the task was for some time considered as fruitless. Having, however, several miles to send for those of a larger description, a few additional attempts were made, and, happily, with better success; so that, by eight, the delivery of a son was completed, which, it was hoped, would have stood an equally fair chance of life as the former. The result, however, proved otherwise,—the vital spark having wholly fled,—although, previous to delivery, the mother seemed repeatedly conscious of its movements. Upon the removal of the placenta, it was found not to have attained the same degree of disorganization as the others, but seemed slightly indurated, and considerably reduced in size.

*Case 4.*—Mrs H., whom I had attended during six previous confinements, the greater number of which were completed in from two to three hours, and all of the most natural kind, was seized with labour pains early on the morning of the 9th April 1848.

For some considerable length of time, she had felt much more uncomfortable than usual, and easily fatigued; and latterly experienced great difficulty in moving about. But having had an abortion since the birth of her former child, these affections were attributed chiefly to the debilitating effects consequent upon it. On reaching the house, at half-past ten o'clock, she was in bed, complaining a good deal on pains located wholly over the *pubes*, without, upon examination, having exerted the smallest influence on the *os uteri*, for the improvement of which the opiate enema was prescribed, and of necessity repeated different times during the day (the bowels also having been particularly attended to), but with less effect than could *à priori* have been anticipated, —the pains never diverging from their original situation, by which means their salutary operation in advancing the labour was much curtailed and interrupted.

Notwithstanding these obstructions, the process was terminated about nine p. m. by the natural efforts, the child manifesting but extremely faint symptoms of life, and ultimately restored only with the greatest difficulty. The placenta and also the funis and membranes were found in a very morbid state. Although there was throughout the day an entire absence of headach, and but



slight annoyance from sickness, it was found impossible in this case to suspend wholly the action of the uterus, or induce a state of sleep by means of the opium.

Not having it in my power to revisit this patient till after the expiry of a good many weeks, I was then informed that, over all the extremities of the child, and parts remotely situated from the heart, an almost complete separation of the epidermis took place. I never met with a similar instance where life was preserved; but it is one which I conceive tends forcibly to illustrate the true nature of the affection, and the languid state of the circulation which had for some time been going on. Both mother and daughter soon became healthy and strong.

*Case 5.*—I was requested on the evening of the 7th October 1844, to visit Mrs C., a young woman in labour for the first time. Upon reaching the house, about two miles distant, I found her of rather slender habit, but presenting a very lively appearance, and was informed, upon inquiry, that, during pregnancy, she had enjoyed almost uninterrupted health. She stated having been annoyed with occasional acute pains during the afternoon, without exerting any particular effect on the *os uteri*, which could not be approached without the use of immoderate force. Under the circumstances enumerated, and the state of the bowels having been ascertained and rectified, the pulse also being found regular and natural, opium was administered, as in the preceding cases, which procured ease and sleep for a considerable part of twenty-four hours; and, upon a recurrence of similar symptoms in the course of the following afternoon, but without any sensible impression on the *os uteri*, a repetition of the former treatment was adopted, and with the same effects. By the approach of the morning of 9th inst., the *os uteri* could be felt with ease, slightly opened, and presenting a very natural dilatable appearance.

The pains, however, during the course of the day became occasionally very troublesome, without any sensible difference on the dilatation, requiring to be allayed by means of the opium in doses of increased strength; and, notwithstanding which, to such an aggravated height did they proceed about ten p. m., yet without material advancement in the size of the orifice, that I felt somewhat at a loss to conjecture how the case might terminate, fearing lest rupture of the uterus or some such casualty should be the result.

Notwithstanding the apparently desperate nature of the case, no mode of practice with which I was acquainted could be imagined so deserving of confidence as perseverance in that which had been adopted from the commencement. Opium was therefore administered in the manner described till a total suspension of uterine action occurred, and a state of sleep produced for at



least four or five hours, little inferior in degree to that of Mrs M.K., Case 2. With the advance of the morning of the 10th inst., in proportion as the patient began to emerge from her profound slumber, pains began to recur, and speedily completed the birth of a still-born daughter, for whose recovery no means of resuscitation employed proved in the least effectual.

This seemed at first view rather surprising, seeing that it had not been exposed to any noxious influence of which I was aware. But when upon the removal of the secundines, similar circumstances were distinctly visible, as in the examples already detailed, and after a short time spent in reflection, and a contrast made respecting the same lingering and formidable character of all the accouchements put together,—a key seemed not only to be obtained whereby the cause of death could receive a satisfactory explanation, but also as tending, with nearly an equal degree of certainty, to prove that the unusual delay and difficulties with which they were more or less accompanied, could not be referred so clearly to any other source.

The ideas so forcibly suggested to my mind upon the termination of this case have been amply verified by those of more recent date.

Upon a further review of the most usual phenomena presented by the cases in question, it appears that the delay and obstructions standing in the way of moderately expeditious and safe parturition proceed chiefly from a more than ordinary torpid or debilitated state of the body of the uterus, and are not, in the majority of them, at all, or but very slightly, connected with those conditions of the orifice and cervix which frequently exert such powerful effect in retarding, as well as augmenting the dangers, attending upon the process. In order to arrive at clear and impartial conclusions respecting the condition of the organ here described, it has only to be borne in mind that, by reason of its intimate connexion for any length of time with the placenta, where the healthy state of the latter has by any means been destroyed, the uterus must of necessity become more or less contaminated with the morbid influence, and be thereby rendered unfit for the due performance of its natural function.

In many of the patients the muscular energies seem, as it were, more or less paralyzed; and in proportion to the strength of constitution and the length of time the poison has been operating, in perhaps the same ratio will the tone of the general system be found to have suffered. In support of this, several notable examples could be adduced, where the strength was completely undermined before parturition took place. Such aggravated results are without doubt much accelerated by the death of the fœtus; which,

notwithstanding, is frequently carried in this lifeless state a considerable period.

In the case of twins, sometimes the death of one will be productive of very distressing effects when the other is born alive.

With certain exceptions, as in that of Mrs T., No. 3, and without including those instances where the infant's death is occasioned by maltreated and protracted accouchements from other causes,—which, consequently, do not come within the scope of the present observations,—the commencement of the evil will be found to originate in the placenta.\*

In by far the greater number of the cases met with, the sanguiferous system was found to be seldom or but very slightly excited in comparison of others; and in those in which the phlogistic state existed, the fibrinous incrustation, together with the crassamentum, formed a very imperfect coagulum upon cooling,—circumstances uniformly denoting either a very delicate or a vitiated and asthenic state of the system.

Upon a more minute and particular survey of the cases, the reader must perceive, that whilst the progress of the accouchements were all more or less lingering and tedious, a very remarkable diversity prevailed amongst the greater part of them, with regard to the symptoms by which they were characterised, as well as the condition of the fœtuses when ushered into the world. In none of them was there found such an exemption from derangement of health as No. 5, who, although naturally endowed with a constitution of considerable delicacy, affirmed that she had been free from every complaint for at least several months previous to confinement. The odour of the placenta, nevertheless, had become very offensive, and livid patches appeared upon the child soon after birth. I have only met with one such other instance, the history of which is related in the work referred to at the commencement of this discussion.

As a general rule, all such individuals present, more or less, a sallow, drooping appearance of the countenance, and lowness of spirits, along with general muscular relaxation; and are the almost constant victims of grinding, fluctuating pains, but which can frequently at least, be traced to some part of the uterine region as a centre; as also unpleasant nervous sensations which they can scarcely describe.

\* In tendering this statement, it has not been overlooked that the death of the fœtus itself may be, and undoubtedly is, sometimes the primary operating cause—as in hydrocephalus and other diseases. But although it would prove highly interesting to be able to distinguish in any peculiarly doubtful case betwixt the one and the other, still it seems upon the whole to be matter of rather trivial importance, as the practical bearings must eventually be the same.

In every suspected case of difficult labour, the chief aim of the intelligent accoucheur ought to be, to ascertain, if possible, the existence or otherwise of the child, in the event of craniotomy being found indispensable.



From among many other cases not included in the preceding list, I would make a brief selection of one or two, in whose history the circumstances were perhaps even still more remarkable.

The first is that of a female whom I had attended during six or seven previous natural confinements. This patient began to feel so uncomfortable betwixt the seventh and eighth months of gestation, that for several weeks previous, upon attempting to walk through her chamber, and even sometimes in the act of standing up, she was in great danger of falling, in consequence of a violent spasmodic state of the parts situated about the pelvis and flexor muscles of the thighs, together with a sense of weight which seemed impossible to be carried about, and compelling her to remain almost motionless until assistance was obtained. Being then unacquainted with the peculiarities of the affection, of all the ideas entertained respecting such unusual symptoms, that of a plurality of children was fixed upon as the most likely; the critical period being anticipated, and spoken of with interest. It having at length arrived, the birth of a daughter, in every respect strong and lively, was effected in about double the ordinary length of her former accouchements. The placenta, upon removal, being found diseased to an extent equal almost to any I had ever witnessed, afforded an explanation of the obscure parts of the case.

The second is that of a *primipara* of delicate constitution, who, during pregnancy, had suffered severely from bad health, and for some time previous to confinement, could only with difficulty walk about, or remain long out of bed. I visited her about four o'clock A.M., and was enabled, after her strength was greatly exhausted, to deliver her by the forceps, about noon of the same day. The child, a boy, was alive, but much below the average size, and, notwithstanding his extreme weakness and puny figure, survived for the space of nine days. The secundines presented the same morbid appearances as described, but she had never experienced interruption to the discharge of the urine, or pain on going to stool.

It was therefore supposed that with the accouchement the difficulties would have terminated. Upon the succeeding day, however, I received a hurried message to visit her on account of total suppression of urine. Relief having been obtained, and certain directions given as to the patient's future management, it was hoped that no additional visits might be required. On the succeeding forenoon, the same urgent request was repeated, but still with equal obscurity as to the cause of the incident. Instead of improvement, matters became worse, considerable tumefaction and tenderness occurring about the *pudenda*, so as to render it in some degree difficult to pass the catheter. No benefit was derived from



the application of leeches, fomentations, and other local means, so that, for twenty successive days, I regularly rode the distance of five miles, and went through the operation (no one in the vicinity being qualified to undertake it), without being able so much as to conjecture to what inexplicable combination of circumstances such a phenomenon could be ascribed. On the twenty-first, however, the mystery was suddenly and unexpectedly solved, in consequence of an abscess having burst, and a large discharge of fœtid matter taken place by the rectum ; whereupon, the interruption to the flow of the urine immediately disappeared. I was never able to arrive at any conclusion as to whether the disease of the placenta was the cause of the abscess, or *vice versa*.

With regard to the recurrence of the affection, it will be observed, that, with the exception of Cases 2 and 3, it was not again met with ; thus affording the surest evidence that the placenta was the source from whence it originated. In Mrs M'K.'s second confinement, it seems beyond dispute that the uterus was affected from its connection with this organ in a highly morbid state,—she having in the meantime given birth to two children, with labours of the simplest kind. What the peculiar feelings of this patient were during the periods referred to I never could properly ascertain ; but that they bore a very striking resemblance to each other during the respective pregnancies seems to be verified by the circumstance, that she repeatedly informed her husband, prior to her last confinement, that the issue would be exactly similar to the former ; at the same time presaging with much earnestness the event which a little time was destined so fully to accomplish.

As to Case 3, a very different conclusion only can be formed ; the strongest proofs being afforded, from the number of repetitions witnessed, that the uterus was the only source of the malady, although the patient all the while presented a very healthy appearance in the intervals, and continues to do so to the present day. Mrs T. is only one specimen of several others which could be adduced ; and there is but small reason left for doubt that hers is that state of the uterus in the incipient degree which regularly throws off the embryo betwixt the fourth and sixth or seventh months of gestation, and almost uniformly, sooner or later, terminates the life of the victim by means of disease concentrated in that organ.

The confinements of Mrs T. exhibit a very striking contrast to each other. In the first, it will be observed that, although it was extremely lingering, and the secundines much diseased, still a degree of phlogistic action prevailed in the system, the strength of which, when compared with the torpid state of the uterus, was but slightly reduced ; and consequently, when the tone of the latter

was brought into equilibrium therewith, the labour advanced without interruption, and was completed by the unaided efforts.

In the second, the state of matters appear to have been nearly reversed. The more energetic condition of the organ can be readily accounted for by the smaller degree of disorganization of the placental mass; so that the accouchement, though somewhat tedious, would have been concluded naturally within the same limits, but for the greater prostration of the patient's strength than in the former instance. This at least appears the most rational view of the question which can be taken.

The fate of the children seems involved in much greater obscurity.

With respect to the influence of age on this complaint, a review of the cases witnessed in the course of practice bears me out in affirming, that no particular period of life is exempt from its attacks in preference to another, but that it pervades every stage and description of constitution almost in an equal ratio.

Did I consider myself at liberty, from the limited number of examples placed within the sphere of my own observation, to decide as to the status of the individuals who form its most frequent objects, I would say they are the opposite of those, who enjoy robust health and constitutional vigour; or who, amongst that class, have given birth to several children, or had their systems, to a certain extent, reduced by floodings and other debilitating causes. I have also met with it pretty often in females far advanced in life before giving birth to children. It by no means holds good, however, that the very weakly and delicate portion of the sex are peculiarly exposed to it more than others.

It has been suggested, in objection, that the delay alluded to can bear reference only to primary labours, without being at all affected by the cause specified. To perceive at once the fallacy of such an opinion, it is believed that the comparison of Cases 2, 3, and 4, in connection with their former history, will furnish abundant evidence.

The difficulty of procuring sleep and a change of the pains with regard to locality in Case 4, was peculiarly observable, and tended in no small degree to augment the delay and trouble attendant upon it, lest the patient's strength should have become prematurely exhausted.\*

In turning from the mothers to the consideration of their offspring, a variety of peculiarities will also be found to present themselves to notice. 1st, That, with the exception perhaps of

\* I may here remark that, whilst in Case 1, the *Secale Cornutum* might have been very profitably employed, so in this chloroform would have proved an excellent adjuvant; but I was unprovided with either of these at the moment,—a circumstance I did not afterwards regret as to No. 1, having obtained ample scope for testing the powers of opium in rousing the dormant energies of the uterus.



Case 1, and the one alluded to at p. 14, they were all born in a very weakly or asphyxiated state, from which it was found impossible to restore some of their number, viz. Mrs T.'s last child, and Case 5, which seems to prove that positive assurance respecting the state of the child cannot be calculated upon *à priori* in any instance of the disease. 2d, That certain others did not average much above half the ordinary weight at birth; nevertheless, were then comparatively lively, and survived from the second to the ninth day. 3d, That the degree of disease in the secundines and the life or death of the children seem to bear small relative proportion to one another. 4th, That, though the passage of meconium previous to delivery has, by writers on the subject, been generally considered an unfailing proof of the death of the child, yet this does not appear to be borne out by the evidence of the cases above related, having only been discovered in Mrs M.K.'s second labour, where the child was born alive; the utmost degree of confidence attachable to it, tending to prove that, if it does not indicate the certain death of the fœtus, it denotes a state of great general weakness, in consequence of which the sphincter muscles have become relaxed. 5th, The value of stethoscopic observation in all suspected or doubtful cases, before having recourse to destructive measures of delivery. 6th, That, as life, under circumstances like the present, can only be preserved by the prompt use of energetic measures, it seems a duty binding upon every accoucheur to have these constantly in readiness, and never to relax his efforts, so long as the most distant prospect of success remains.

*Causes.*—Concerning the causes of this affection, when the uterus and its appendages are in a sound state, it is to be feared that the present amount of our knowledge is very limited. Whatever tends to interrupt or disturb the regular connection of the placenta and course of the circulation with any of its respective media, must undoubtedly prove inimical to the healthy condition and operations of the same. Under this head may be comprehended blows inflicted immediately over or in the vicinity of the organs alluded to; sudden frights and leapings; the lifting and carrying of heavy burdens; to which may be added, a too copious or diminished supply of blood to the parts.

After much inquiry, however, into the circumstances of all the cases witnessed for many years, I feel every assurance in stating that they are, with the exceptions already quoted, as yet involved in much obscurity; none of the patients being capable of affording the smallest information on the subject, whilst nothing could be referred to disturbance of the circulation.

*Diagnosis.*—In attempting a correct diagnostic chart for the detection of this very obscure affection, I am aware that the



difficulties to be encountered are by no means small or few in number.

With the view to forward this object as far as possible, the following list of symptoms, a good many of which have been already enumerated, will be more or less discernible in the majority of cases, according to the duration and progress of the disease upon inspection. A more lank, pale, and drooping appearance of the countenance than natural, along with flaccidity of the *mammæ*, and diminution of adipose matter throughout the muscular interstices and cellular membrane. Frequent attacks of pains are experienced, confined chiefly to the back and uterine region; but these are often not so distressing in degree as a constant general irksome state of the system which prevails, rendering the patient's situation extremely uncomfortable by day as well as night, and which anodynes can but very partially remove. Such being the state of the system, that of the circulation must also of necessity participate. Instead, therefore, of the incompressible wiry pulse, so easily distinguishable in the greater number of individuals from the seventh month to the full period of gestation, the reverse is met with; or, if the former prevails, it may in almost every case be viewed as having existed previous to the occurrence of the disease, which invariably mitigates greatly the phlogistic influence. This is particularly evident, when, upon the approach of labour, and the dilatation of the *os uteri* commences, its edges are occasionally found more attenuated than in most exempted cases; or, if otherwise, the enlargement will be observed to proceed chiefly from serous infiltration, and, consequently, to be but slightly affected with pain upon pressure with the finger.\*

I have been not a little surprised to witness this exempted condition of the organ in patients, wherein it had formerly been extremely difficult to divest it of the opposite tendency; nay, even where the state of the pulse at the same time called for the moderate abstraction of blood from the arm, thus manifesting decisively the asthenic character.

It has long been considered as a law in the economy of the gravid uterus, that it becomes much reduced in volume in the direction of the *scrobiculus cordis*, in consequence of a relaxed state of the pelvic ligaments, and perhaps other causes, a short time previous to confinement, and is one of the surest harbingers of its being at no great distance. In certain of the cases related, but especially that of Mrs C., No. 5, the distension of the

\* Of all the cases treated of, this attenuated state was most remarkable in Nos. 1 and 5, especially the former. Until the accouchement of the latter took place, I was always wont to refer the extreme torpidity of the uterus in the former to the advanced age of the patient,—a circumstance, however, which I could never by any means reconcile with the condition of the orifice described.

organ was as great as ever, a circumstance which, for a short period, made me hesitate whether the labour could be accounted genuine. I will not avouch it to be universal, but feel inclined to believe it a very general occurrence, depending upon functional derangement of the uterus by means of its morbid contents. e

The principal affections, with which it is most liable to be confounded, are those of an inflamed state of the *os* and *cervix uteri*, and nerves issuing from the lumbar vertebræ or sacrum. In the first, however, the pains are generally more of the lancinating kind than met with here, and, unless the vascular system be also highly excited, give most annoyance during the night season, advancing often when unrestrained, with the strength and regularity of those of genuine labour pains, and well entitled to the appellation “spurious.” The general appearance and condition of the patient will also afford considerable additional proof. A careful examination of the spinal column by means of the hand will serve to distinguish it in every instance from the last. Stethoscopic investigation will render essential aid in ascertaining the vitality or otherwise of the child. It must, however, be very evident, that a combination of the former will more or less be frequently met with, as also of the latter and other neglected or imperfectly treated diseases, which intelligence and attention on the part of the practitioner cannot fail readily to recognise. The symptoms here recorded are not warranted to apply where other diseases of the uterus or syphilis exists.

It is only, however, upon the birth of the child that the real nature of the case comes to be understood. Immediately on the head and shoulders being extricated, it either remains wholly motionless, and instead of the continued fit of crying which for a short time occurs in the sound state, a faint murmur or two only is heard; the features are shrunk, the action of the heart is remarkably feeble; the body in general presenting an almost lifeless appearance. The exceptions met with will not be numerous.

Upon the removal and inspection of the *funis* and membranes, the following appearances will be discovered. Instead of the pearly white colour of the former, a much more sombre dirty aspect is presented. The blood-vessels have exchanged for the palish blue colour that of a yellowish or sea-green; which is best perceived when they become ramified upon the placenta, in consequence of the thinness of the covering. Upon subjecting the mass itself to examination, occasionally the odour it emits is sufficient evidence of disease. This, however, is not uniform, and oft-times nothing disagreeable is to be detected by the olfactory organs,—in which case there is seldom much alteration in the texture or size of the organ, which I have generally imagined to become heavier, and more easily separated into shreds, in proportion



to the degree of decomposition it had undergone. Sometimes, as in the case of Mrs T., it appears to be diminished in size and weight, as well as more compact than usual.

I have been in the habit for several years of attaching greater importance to the state of the blood-vessels and coverings than to that of the placental mass, and been able, if I mistake not, in many instances, to trace by means of the appearance they presented, the influence of the poison over both the labour and foetus, better than could have been done by an appeal to it; whereas, had I not chanced to become acquainted with the delay in question, I should have imagined the whole, as formerly, to be matters of course.

*Treatment.*—Seeing that all prospect of effecting the cure of this affection is hopeless, the most useful measures to be pursued will be found to be those of a prophylactic and palliative nature.

The first class will comprehend, the avoiding, as far as possible, all exciting causes, with attention to the state of the circulation during the seventh and eighth months of pregnancy; whilst the use of the lancet, if indicated, the exhibition of opiates, attention to the bowels, and gentle cordials, will be found more or less serviceable, where it may be suspected to have occurred, till labour arrives. In cases where a fixed pain proved very distressing in some part of the abdomen, I have witnessed the best effects from an opiate plaster.

Should the view of the question presented to the consideration of the profession in the preceding pages be found substantiated by future observation, it is presumed that through such a medium several circumstances possessing a certain degree of interest may perhaps receive a more satisfactory explanation than hitherto they have done,—amongst which the following may be ranked as specimens. 1st, The vulgar opinion that labour is rendered more difficult when the death of the foetus takes place *in utero*, seems with greater justice referable to that of the placenta than the child. 2d, It will be observed that in a good many, I think I may safely add, the greater number, of the cases quoted, the action of the uterus, laying aside its inefficient nature, was trivial and indolent in the extreme, as in Mrs C., No. 1, &c.; and it is a well-established fact, that for many years this is the description which has been regarded by the best obstetric writers, as the most proper for the administration of the *Secale Cornutum*, a medicine which, though latterly fallen somewhat into disuse, has frequently been productive of the happiest results.

It has, however, unfortunately happened, that whilst its virtues, as a remedy in stirring up a more energetic state of the uterus, have been fully admitted and appreciated, it has, on the other hand, been found no less true that, upon the termination of the



labours, many of the children have proved to be still-born, which their mothers declared, and other symptoms concurred in rendering probable, to have been but a short time before possessed of life. As injurious effects have been uniformly found to result from the use of this substance only when consumed in too great proportion in admixture with the healthy grain as an article of food, the unfavourable result, it is conceived, may therefore be very readily explained, upon the supposition that the cases so terminating are generally of the character here specified; and this opinion seems to receive no small degree of confirmation from the fact, that the incident has been observed to be by no means of unfrequent occurrence, when only a very moderate quantity of the medicine has been administered, whereas exemptions have perhaps been met with nearly as numerous after the exhibition of large and repeated doses.

I beg to say, that it is no part of my intention to maintain, that all the examples met with in practice will be equally lingering and tedious with those I have thus detailed. I have been informed, on most respectable authority, that the number in which the accouchements are gone through with ease and celerity is by no means small.

It must, however, be recollected, that before such a statement can be received as valid, it will be necessary to furnish a complete history of every case in all its bearings. With the exception perhaps of No. 1, I have no hesitation in affirming that, but for the disease in question, the accouchements of all the others would have been concluded within twelve or fifteen hours from the commencement of my attendance upon them. The former labour of Case 4 scarcely occupied more than three hours, and is the same recorded No. 15 of the work recently published; whilst the succeeding one of No. 5 only required five.

I cannot call to remembrance so much as one single instance in practice, where the delivery was unattended with a certain degree of delay and difficulty, attributable chiefly, if not solely, to this cause; for it so happens that the excited and unyielding states of the *os* and *cervix uteri*, as also of the external parts, are in a great measure absent when this is present, for the reason formerly stated. A rigid state of these parts in consequence of advanced life can scarcely be expected to be so easily counteracted.

It is only by means of an acquaintance with all these circumstances, carefully and candidly weighed in the balance, that any approach to correct inferences on the subject can ever be drawn, as well as opportunities afforded, of establishing the respective claims of all the different remedies and rules of practice recommended for the numerous and formidable list of grievances which it is the inevitable lot of the parturient female to be subjected to,

when that critical moment does arrive, more especially within the bounds of civilized life.

Impressed as I have for several years been with a conviction of the truth of these opinions, as well as their importance in a professional point of view, and open at all times to demonstrative evidence from every well substantiated source,—in drawing this inquiry to a conclusion for the present, I am not without the hope that it will meet the attention of those who, uniting intelligence and a regard only for knowledge derived from inductive experimental research, are placed in much more suitable spheres for observation than I have ever enjoyed.

EDINBURGH : PRINTED BY ROBERT INCHES,  
OLD ASSEMBLY CLOSE.

*The circumstance in question at p. 19. applies only  
where the fetus is alive, or has been so about the  
commencement of labour. — Where death has oc-  
curred some length of time previous to that event,  
the degree in which the uterine tumor sometimes  
besides is very remarkable. —*





